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ABSTRACT

Summarized are presentations given at a 1-year Prescriptive Teaching Workshop, a Title III educational program designed to maintain the learning disabled elementary school child in the regular classroom. Outlines, diagrams, and bibliographies are provided for presentation topics such as the special service circuit, educational assessment, behavior modification, and individualized instruction through computer technology. Described in the second half of the document are procedures and sample forms for developing and writing an educational prescription. (LS)

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ADDENDUM TO PRESCRIPTIVE TEACHING WORKSHOP RESOURCE MANUAL

EC081209

New Providence School District
New Providence, New Jersey
July 1973

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SUMMARIES OF TITLE III IN-SERVICE WORKSHOP

July 9-12, 1973

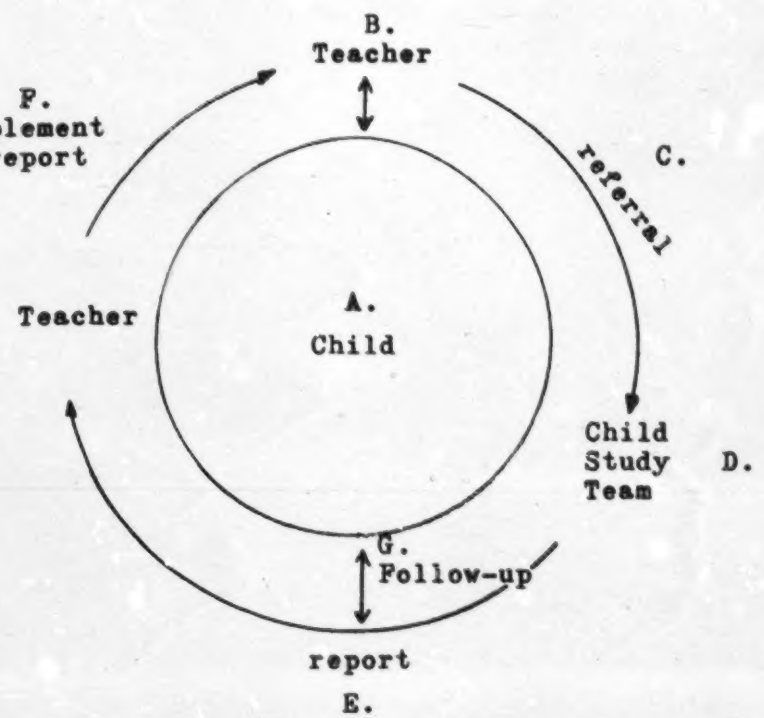
Monday, July 9, 1973

Stephen Strichart, Ph.D., Coordinator, Special Education Programs, Rutgers University.

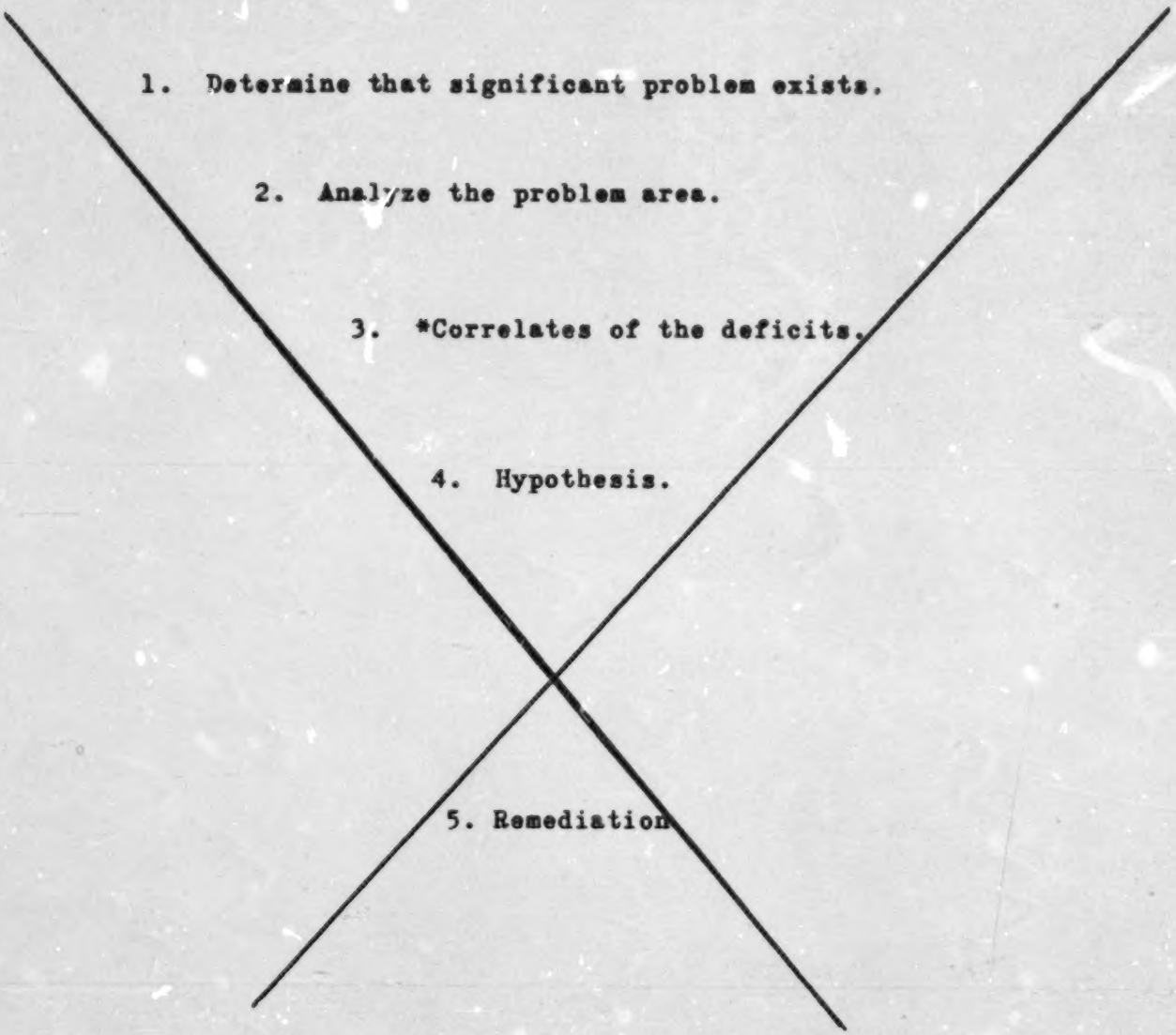
Dr. Strichart gave us a brief overview of the field of learning disabilities from the Strauss syndrome to a present day definition.

Special Service Circuit by Lawrence Peter as described by Dr. Strichart.

A. The child has a problem.
B. The teacher must recognize the problem.
C. Teacher initiates the referral to the Child Study Team.
D. The Child Study Team does an evaluation and prepares a report for the teacher which should not be steeped in educational jargon but be written in operational behavioral objectives. The report should also talk about components of the child's problem rather than try to label or redefine the problem itself.
E. The evaluation report is sent to the teacher.
F. The teacher must implement the suggestions.
G. Follow up by the Child Study Team of the recommendations is necessary to complete the circuit. To be effective reevaluation may be necessary from time to time.



The "Evaluation Process" by Barbara Bateman and Samuel Kirk was offered as an older model of the evaluation process which Dr. Strichart has found effective. It starts with the broad problems and narrows down to a hypothesis and again widens as remediation begins. (The numbers in the model correspond to the numbers below.)


1. Determine that significant problem exists.
2. Analyze the problem area.
3. *Correlates of the deficits.
4. Hypothesis.
5. Remediation

1. Testing with I.Q. and achievement tests.
2. Diagnostic tests.
   Reading: Durrell Analysis of Reading Difficulty
   (For the younger child.)
   Spache Diagnostic Skills
   (For the older child.)

*Most important area of learning process.

Mathematics:
Key Mathematics Diagnostic Test (Peabody)
Stanford Diagnostic

3. Tests that look at processes:

Frostig Developmental Test of Visual Perception
I. T. P. A.
Detroit Tests of Learning Aptitude
Purdue Test of Learning Disabilities
Kephart's Scale

Myklebust & Johnson's Learning Quotient as described in their 1968 book, Learning Disabilities is a quantification method to determine if there is a significant learning problem.

$$\text{Learning Quotient} = \frac{\text{Achievement Age}}{\text{Expectancy Age}} \times 100$$

$$\text{Expectancy Age} = \frac{\text{Chronological Age} + \text{Mental Age} + \text{Grade Age}}{3}$$

$$\text{Grade Age} = \text{Present grade} + 5$$

$$\text{Mental Age} = \frac{\text{I.Q.} \times \text{C.A. (in months)}}{12}$$

Any learning quotient below 90 indicates a problem. Example:

CA = 10
MA = 10
GA = 6th grade + 5 = 11

$$EA = \frac{10 + 10 + 11}{3}$$

$$EA = \frac{31}{3}$$

$$EA = 10.3$$

AA = 8

$$LQ = \frac{8 \times 100}{10.3}$$

LQ = 78 A significant problem exists.

Dr. Strichart agrees with Luba Weiner in her Dimensions of Assessment that in evaluating a child one must look at more than just a grade level since that is a vertical concept.

1. Level - What is child's grade level?
2. Rate - How much time to arrive at that level?
3. Range - Narrow vs. wide.
4. Efficiency- Time element and error content
5. Autonomy - Attitude about himself and his abilities.

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McCarthy, James & Joan - Learning Disabilities, Allyn & Bacon, Rockleigh, N. J. 1969.

Diagnosis

Waugh, Kenneth W. & Bush, Wilma J. - Diagnosing Learning Disorders, Charles E. Merrill Publishing Co., Columbus, Ohio, 1971.

Smith, Robert - Teacher Diagnosis of Educational Difficulties, Charles E. Merrill Publishing Co., Columbus, Ohio, 1969.

Remediation

Kephart, Newell- The Slow Learner in the Classroom, Charles E. Merrill Publishing Co., Columbus, Ohio, 1971.

Myers, Patricia & Hamill, Donal, D. - Specific Learning Disorders: A Survey of Selected Teaching Methods, John Wiley & Sons, Inc., New York City, 1970.

Wallace, Gerald & Kauffman, Janes - Teaching Children with Learning Problems, Charles E. Merrill Publishing Co., Columbus, Ohio, 1973.

Johnson, Doris & Mklebust, Helmer R. - Learning Disabilities: Educational Principles and Practices, Grune & Stratton, Inc., New York City, 1967

Tuesday, July 10, 1973

Dr. Sandra L. Harris, Ph.D., Associate Professor, Dept. of Psychology, Douglass College.

Dr. Harris and Mr. Raymond G. Romanczyk presented behavior modification techniques through the use of video tapes prepared at the Douglass College Campus School for Children who demonstrate autistic behavior.

From viewing the tape, one could see the following techniques: the use of primary or tangible reinforcers; the use of secondary or social reinforcers; shaping behavior; fading prompts to spontaneous behavior, desensitizing a fear; contingency contracting; time out; and a token economy system.

The importance of record keeping was stressed. Before beginning behavior modification, one must:

1. Define the behavior to be observed.

2. Collect baseline data - record the number of times the behavior occurs without attempting to change it. The recorder remains consistent before and during the period of baseline data collecting so the data will not be spoiled.

3. The treatment technique of behavior modification is employed. Note the behavior frequency. If behavior modification is effective the amount of unwanted behavior should decline.

Collecting data can be done effectively using the following alternative methods:

1. Count each response.

2. At specific intervals in time, for example, every ten minutes, every half-hour, or every hour, check for behavior. Through the use of graphs, the frequency of behavior can be most readily seen.

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Brown - Behavior Modification in Child and School - National Institute of Mental Health.

Hall, R. Vance - Managing Behavior Series - Behavior Modification: Measurement of Behavior. Behavior Modification: Applications in School and Home. Behavior Modification: Basic Principles. H. & H. Enterprises, Lawrence, Kansas.

O'Leary, K. Daniel & Susan - Classroom Management: The Successful Use of Behavior Modification. Pergamon Press, New York City, 1972.

Meacham, Merle L. and Wiesen, Allen E. - Changing Classroom Behavior: A Manual for Precision Teaching. International Textbook Co., Scranton, Pennsylvania, 1971.

Mager, Robert - Preparing Instructional Objectives. Pearon Publishers, Belmont, California, 1969.

Madsen, Charles H., Jr., and Madsen, Clifford K. - Teaching/ Discipline: Behavioral Principles Toward a Positive Approach. Allyn and Bacon. Boston, 1971.

Homme, Lloyd - How to Use Contingency Contracting in the Classroom. Research Press. Champaign, Illinois, 1969.

Wednesday, July 11, 1973

Edward G. Scagliotta, Director, Midland School, North Branch, N. J.

Edward Scagliotta began his workshop by making us aware of general and specific goals in educational assessment.

The general goals were:

1. To develop a sensitivity to differences of learning style.
2. To establish realism for learning goals.
3. To develop a basis for curriculum modification.

The specific goals included:

1. To alter the pace and presentation of subject matter for each child depending on his needs.

2. To establish a structure by manipulating the environmental and academic workload so that the child shows adequate behavioral change.

   a. Be a strong authority figure.

   b. Set rules only on a pos.tive basis.

   c. Be tolerant of children: repeat, rephrase and be explicit. Develop a rapport with the students.

3. To provide constructive criticism without hostility.

   a. Do not reject or use adversive conditioning.

   b. Sarcasm can only provide a psychological hurt.

In an educational assessment evaluation is necessary of the perceptual modalities. Mr. Scagliotta used some of the ideas from the model developed by Marianne Frostig. Problems often fall in the following categories:

1. Development of a body image

2. Knowledge of spatial relationships--the ability to comprehend time and space.

3. Discrimination of the auditory and visual figure-ground.

4. Use of tactile-kinesthetic approach of learning through movement.

5. Identification of mental concepts through careful observations of the child in the classroom are possible by checking the relationship of the child with objects. Reasoning can be seen through a manipulative point of view.

6. Presence and level of abstract reasoning can be established through the process of questioning. For example:

a. Why don't we see footprints on the ceiling?

b. How do you know when it is going to rain?

Perceptual-motor techniques were discussed as aids to remediation. Some of the following were recommended:

1. Balance beam for gross motor coordination.

2. Tetherball for eye-hand coordination.

The idea of taking an informal educational survey was discussed. The three areas covered were testing for gross, perceptual, and academic deficits.

Gross tests include:

1. Test for dominance.

2. Identify body parts through touch. Check body image, body concept, and knowledge of body functions.

3. Test for gross-motor problems such as skipping, climbing, pulling, hopping, etc.

4. Test for fine-motor problems such as: buttoning, zippering, cutting, shoe tying, digital grasp, etc.

Perceptual tests include testing for:

1. Spacial relationships.

   a. Positions in space
   b. Whole versus parts

2. Cognition of time.

3. Figure-ground discrimination.

4. Auditory perception.

   a. Sequencing.

   b. Memory.

5. Perceptual fidelity (cognition of shape and form).

Testing for academic deficits:

1. Reading - Check vocabulary and comprehension by checking abilities for phonetic application.
2. Spelling- Remember to teach to the preferred modality.
3. Mathematics-Check the child's cognitive level.

Emphasis was placed on keeping a planbook for an individual child for each particular subject. Each plan includes a specific objective, the child's response, and comments by the teacher with recommendations for subsequent lessons.

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Abernethy, K., et al. Jumping Up and Down, Academic Therapy Publications, 1971.

Behrmann, Polly. Activities for Developing Visual Perception, Academic Therapy Publications, 1970.

Magdol, Miriam. Perception Training in Kindergarten, Academic Therapy Publications, 1971.

Murphy, P., A Special Way for the Special Child, Academic Therapy Publications, 1971.

Thursday, July 12, 1973

James Gifford, Project Apple, Title III, Manager, Troy Hills, N. J.

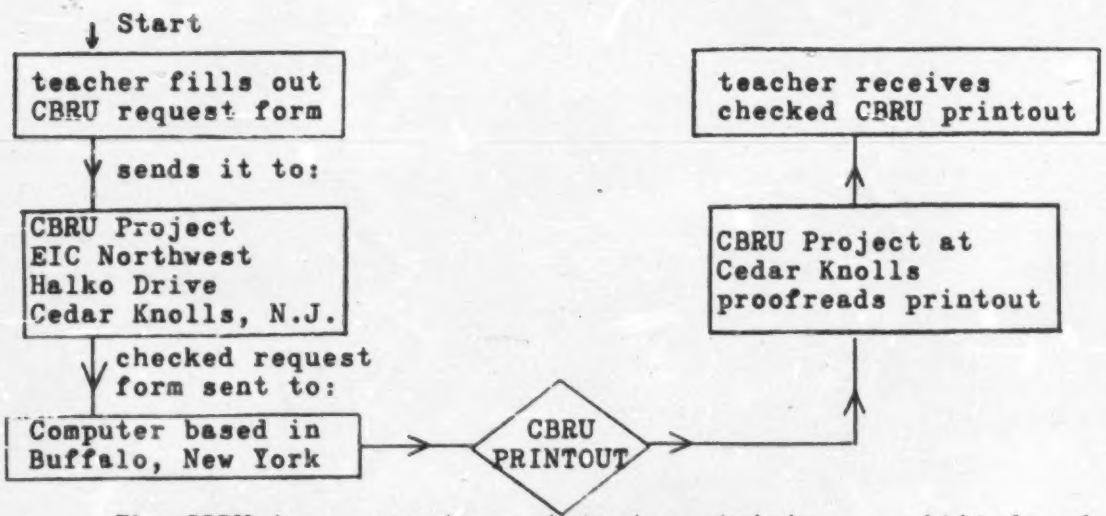
James Gifford began his program of individualizing instruction through computer technology with an overview of Project APPLE.

Project APPLE (Adjunct Program for Prescriptive Learning and Enrichment) is a two year federal grant program (ESEA - Title VI-G) that provides a statewide, cost-free system for requesting and receiving instructional CBRU's. Children whose learning disabilities have been appropriately diagnosed by a Child Study Team and are classified according to N. J. State Rules & Regulations qualify for this service. The CBRU (Computer Based Resource Unit) receivedis in a study and skill development program available for children from grades K-12.

The Use of Computer Based Resource Units in New Jersey, "The How to" Book of Computer Based Resource Units, and Teachers Resource Manual: Computer Based Resource Units were distributed to all workshop participants. Under Mr. Gifford's guidance, we were trained how to request CBRU's for large groups, small groups, and individual children.

The Teacher's Resource Manual Computer Based Resource Units includes everything needed for requesting CBRU's: request forms, CBRU's and their objectives. Some of the units are: Speaking and Listening, I.T.P.A. (This unit requires the cooperation of the L.D.T.C.), Movigenics, Management of Social Behavior, and Sensory Perception.

Mr. Gifford traced the path for a teacher to obtain a CBRU.


Start
teacher fills out CBRU request form
sends it to:
CBRU Project EIC Northwest Halko Drive Cedar Knolls, N.J.
checked request form sent to:
Computer based in Buffalo, New York
CBRU PRINTOUT
CBRU Project at Cedar Knolls proofreads printout
teacher receives checked CBRU printout

The CBRU is a computer printout containing a multitude of ideas specifically related to the input received. Therefore, the printed CBRU can only be as specific as the information received from the request form. The teacher reviews the CBRU, selects materials suggested, and organizes the appropriate activities for use.

DEVELOPING AND WRITING AN EDUCATIONAL PRESCRIPTION

It is assumed that the child has been referred by the classroom teacher to the Child Study Team for screening and has been placed in the Prescriptive Teaching Workshop. See p.p. 11-14 of Resource Manual.

This addendum will devote itself to the writing of an educational prescription for the child who has been placed in the Prescriptive Program.

I. Gathering raw data

A. Read all available data

1. Confidential Record
2. Cumulative Record
3. Psychological Reports
4. Psychiatric Report, if available

B. Consult

1. Classroom Teacher
2. Learning Disability Teacher Consultant
3. School Psychologist
4. Reading Specialist
5. Speech Therapist
6. School Nurse
7. Guidance Counselor
8. Home-school Counselor
9. Adaptive Physical Educational Instructor

C. Collect pertinent data

1. Statistics

a. Date of birth
b. Parent's names
c. Sibling's and ages
d. Grade placement/teacher
e. Address
f. Telephone
g. Grade retention

2. Medical

a. Child's history
b. Family history
c. Physician's name/telephone
d. Medication

3. Psychological history

a. Social history
b. Psychological test results
c. Psychiatric
d. Counseling

4. Educational

   a. Intelligence tests
   b. Achievement tests
   c. Diagnostic testing
   d. Educational assessment (L.D.T.C.O
   e. Class performance

5. Perceptual

   a. Strengths
   b. Weaknesses
   c. Preferred learning modality

6. Interests

   a. Academic
   b. Extra-curricular

II. Suggested tests to aid in writing a prescription.

Testing is primary in the effective writing of an educational prescription. The results are used to completely individualize each child's program. The pupil's program is only as good as the teacher's diagnosis of test results. This is accomplished by looking at more than grade level scores even on individual subtests. It is necessary to do a thorough item analysis of each subtest.

Some of the tests used in the program in New Providence are:

Inventory of Readiness Skills, Shelquist, Breeze, Jacquot, Educational Programmers Co., 1969.

A Psychoeducational Inventory of Basic Learning Abilities, Robert M. Valett, Ed.D., Fearon Publishers, 1968.

Test of Basic Concepts, Ann E. Boehm, Psychological Corp., 1967.

California Achievement Tests, California Test Bureau, McGraw Hill Book Co., 1957.

SRA Achievement Series (Language booklet only), Thorpe, Lefever, Naslun, Science Research Associates, Inc.

Metropolitan Achievement Tests, Durost, Bexler, Wrightstone, Prescott, Balow. Harcourt, Brace, Jovanovich, 1971.

Remember reading achievement test scores usually measure a child's frustrational level. One must begin work at the child's instructional level and provide recreational reading at an independent level.

Reading Expectancy Formulas also help place reading scores in perspective with intelligence and age. A simple formula which gives priority to the importance of intelligence but also recognizes the presence of other age-related characteristics in reading expectancy involves giving mental age twice the weight of chronological age. The formula may be written:

[1]Reading Expectancy Age $= \frac{2\,MA + CA}{3}$

To compute MA the following formula is used:

[2]$MA = \frac{CA \times IQ}{100}$

Example:

$$\text{Reading Exp. Age} = \frac{2MA + CA}{3} =$$

$$\frac{2(70) + 10.0}{3} = \qquad MA = 7.0,\ CA = 10.0$$

$$\frac{140 + 10.0}{3} =$$

$$\frac{24}{3} = 8$$

The Valett test can be used to establish a learning modality by looking for a strength in one or more of the memory subtests. It is also helpful in screening for problems in the areas of gross motor, perceptual and sensory motor integration.

The profile obtained from the Inventory of Readiness Skills covers areas such as: auditory memory sequential, word discrimination, body awareness, locational and directional concepts, color discrimination, visual perception of letters, visual motor coordination and letter names. This test is particularly appropriate with youngsters aged K through grade 2. An excellent resource for remediation of any deficit area is Resource Handbook for Development of Learning Skills, written by the test authors. This is available from Educational Programmers Corporation.

III. Developing prescription

A. Using above data and knowledge of all existing materials, structure a sequential prescription keeping in mind the preferred learning modality.
B. Ongoing evaluation is crucial for a continuing program of sequential learning. To do this one must constantly refer to and reassess the original detailed prescription.
C. The following is a sample prescription form suggested for use.

1. Harris, Albert J., How to Increase Reading Ability. Fifth Edition. (New York: David McKay Co., Inc., 1970. p. 212)
2. Harris, p. 211.

Name Girl A. Date 7/73

Address 3 Fir Street, New Providence

Telephone 366-0289

Birthdate 8-19-70 GRADE K Teacher Miss Walnut

Retained in Grade K

C.A. 5.11 I.Q. WISC Date 3/73 M.A. 4.7

Verbal 94

Performance 71

Full 81

Preferred Modality Not established. Tendency toward tactile.

Test scores

Achievement Test Wide Range Date 3/73

Reading k.5

Mathematics N.8

Language

Learning Readiness Skills 29 %

Psycholinguistic Age

Vision Not able to test.

Hearing Not able to test.

Medication Type None Dosage

When administered

Parents' Names John A.

Mary A.

Siblings	Ages
John, Jr.	12
Martha	8

Child's Name Girl A.

Doctor's Name A. H. Brown Telephone 685-1777

Pertinent Medical History

Child

Brief periods of unconsciousness at age one. Negative EEG. No recurrence.

Family

Pertinent Psychological History

Psychological/Psychiatric Test Results

Grossly immatrue House-Tree-Person. Strong deficits on WISC - visual-motor speed of learning, writing symbols, arithmetic reasoning, visual alertness and memory, and analysis of abstract designs.

Social/Family History

Youngest of three children of average socio-economic family level.

Counseling

Child's Name Girl A.

Educational Prescription

(List specific strengths, weakness and appropriate material keeping in mind preferred learning modality.)

Reading

Readiness level. Using tactile approach, teach letter names and then sounds. Use DLM beaded letters, sandbox, frosting, forming the letters in clay, finger paints. Labeling throughout the room. Experience charts. Associating concrete objects with initial consonant sounds. Use alphabet song.

Language

Speech Therapist. Audio-Flashcard Reader--nursery rhymes. Simon Says.

Mathematics

Teach concept of number--establish oneness. Try to teach order through 5. Associate abstract number with concrete objects such as Stern materials. Teach shape recognition.

Handwriting

Establish fine motor coordination through tracing templates, stencils and letters, gradually reducing size.

Known class performance

Eager to participate. Friendly, affectionate. Volunteers. Loves school.

Child's Name Girl A.

Perceptual

Dominance

Established Right.

Visual

Unknown.

Auditory

Inadequate level on Wepman. Use audio-flash card readiness series. DLM Buzzer Board. Repeating nonsense words. Drum sequences.

Fine Motor

Working in clay. Frostig Program of Visual Perception. Mafex I Can Do It, Pre-Primer Handwriting Recorder, Zaner-Bloser.

Gross Motor

Title I program and adaptive physical education program.

Interests

Likes to play with dolls.

Personality Clues

Dull. Sucks fingers and drools. Doesn't like strangers.

Name Boy B. Date 7/73

Address 2 Union Avenue, New Providence

Telephone 829-5867

Birthdate 8-19-64 GRADE 3 Teacher Miss Smith

Retained in Grade K

C.A. 8.11 I.Q. WISC. Date 7/72 M.A. 7.0

Verbal 79

Performance 82

Full 78

Preferred Modality Auditory

Test scores

Achievement Test Calif. Upper Primary Date 5/73

Reading 3.0

Mathematics 3.6

Language 2.3

Learning Readiness Skills %

Psycholinguistic Age 1-71 4.9

Wide Range 5-72 Reading 2.1 Spelling 2.3 Arith. 1.4

Vision 3-73 Normal

Hearing 3-73 Normal

Medication Type None Dosage

When administered

Parents' Names George B.

Martha B.

Siblings	Ages
Betty	18.4
Bill	16.2
Joyce	12.0
Carol	10.5
John	7.4

Child's Name Boy B.

Doctor's Name Jones Telephone 321-4583

Pertinent Medical History

Child

Congenital club foot. Pre-school: At 3 years of age--3 operations within 6 months and no playmates within this time span.

Family

Pertinent Psychological History

Psychological/Psychiatric Test Results

WISC 7-72. Weakness in verbal area were information, comprehension, arithmetic, similarities and digit span. Weakness in performance area were picture completion, picture arrangement and coding.

Social/Family History

Fifth of 6 children. Middle class family. Mother employed on a part-time basis. Maternal oversolicitude. Growth has been noticed in group participation.

Counseling

None

Child's Name Boy B.

Educational Prescription

(List specific strengths, weakness and appropriate material keeping in mind preferred learning modality.)

Reading

Begin Macmillan 2.2 basal reader. Work on all 2.2 basal reading skills. Controlled Reader.

Language

Work on mechanics using Continental Press materials, Language Patterns and Usage.

Spelling - Give supportive help with third grade spelling program.

Mathematics

Work on addition and subtraction with regrouping using Continental Press and Modern School Mathematics.

Handwriting

Begin by working on manuscript--copying words and sentences.

Known class performance

Happy child, somewhat outgoing in a comfortable situation. Mind of his own. Poor work habits. Self-motivation?

Child's Name Boy B.

Perceptual

Dominance

Check this area in September.

Visual

Work on angulation and rotation using Frostig material, templates, and DLM Tracing Paper Program, and block designs.

Auditory

Does not apply.

Fine Motor

Work on fine motor skills through cutting, hammer and working with clay.

Gross Motor

Adaptive Physical Education Program.

Interests

Likes to write on blackboard.

Personality Clues

Pleasant. Methodical. Mind of his own. Mothered and smothered.

Name Boy C. Date 7-73

Address 112 Fourth St., New Providence

Telephone 673-1237

Birthdate 3-4-61 GRADE 5 Teacher Mr. Bloomer

Retained in Grade 3

C.A. 12.4 I.Q. WISC Date 6-70 M.A. 10.2

Verbal 90

Performance 65

Full 83

Preferred Modality Auditory/Visual

Test scores

Achievement Test Calif. Lower Primary Date 6-73

Reading 1.9

Mathematics 2.0

Language 2.0

Learning Readiness Skills 9-71 90%

Psycholinguistic Age 12-71 6.6

Vision Normal

Hearing Normal

Medication Type None Dosage

When administered

Parents' Names Gary C.

Betty C.

Siblings Michael Ages 16

Child's Name Boy C.

Doctor's Name H. G. Wigg Telephone 171-0202

Pertinent Medical History

Child

Overweight

Family

Tendency towards obesity.

Pertinent Psychological History

Psychological/Psychiatric Test Results

Build self-image. Support with praise, encouragement and tactile gestures. Give opportunities for leadership.

Social/Family History

Older sibling with similar learning problems. Average socio-economic level. Parents are very warm and accepting up to their capabilities which are somewhat limited. Child appears to have a familial problem.

Counseling

Not recommended.

Child's Name Boy C.

Educational Prescription

(List specific strengths, weakness and appropriate material keeping in mind preferred learning modality.)

Reading

Attempt to increase sight vocabulary. Use audio-flashcard reader--phonogram series, box III, section D. SRA Linguistic Reading Series-Level D.

Language

Writing stories from self-dictation. Stories will be used for weekly spelling lists and to remediate grammar, capitalization, punctuation, etc.

Mathematics

Laidlaw Brothers, Spectrum Red. Stern math materials as support. Continue to review and teach multiplication and progress to division.

Handwriting

Make transition from manuscript to cursive using teacher-made materials.

Known class performance

Attention span greatly improved. Will now work at academically oriented tasks; however, no carryover into regular class.

Child's Name Boy C.

Perceptual

Dominance

Established--Right.

Visual

Continue with recalling pattern shapes.

Auditory

Sequencing. Use digit repetition, noun repetition, DLM Buzzer Board, rhyming couplets, sequential directions.

Fine Motor

Does not apply.

Gross Motor

Adaptive Physical Education Program for weight problem.

Interests

Swimming, dogs.

Personality Clues

Very outgoing, likeable, friendly, and well-adjusted. Sets own bedtime, often appears tired.